Town of Tuftonboro - Town Clerk's Office

PO Box 98, 240 Middle Road Ctr. Tuftonboro, NH 03816 603-569-4539 Ext. 11 603-569-4328 Fax townclerk@tuftonboro.org

## **APPLICATION FOR COPY OF MARRIAGE CERTIFICATE**

## PLEASE PRINT

PERSON A NAME			
(Groom)	(First Name)	(Middle Name)	(Last Name)
PERSON B NAME			
(Bride)	(First Name)	(Middle Name)	(Maiden Name)
DATE OF MARRIAGE			
	(Month)		(Year)
PLACE OF MARRIAGE _			
NUMBER OF COPIES REQ Checks should be made payable to:		_ (First copy \$15; each additi	onal copy will be issued for \$10)
PURPOSE FOR WHICH CE	RTIFICATE IS REQ	UESTED?	
SIGNATURE			
PRINTED NAME			
ADDRESS			
PHONE NUMBER			

## PLEASE INCLUDE A COPY OF YOUR PHOTO ID

THE LAW FOR THE SEARCH OF THE FILE REQUIRES A FEE OF \$15.00 FOR ANY ONE RECORD. IF WE FIND THAT RECORD AND YOU MEET NEW HAMPSHIRE'S ACCESS REQUIREMENTS, YOU WILL BE ISSUED ONE CERTIFIED COPY OF THAT CERTIFICATE.

Notice: Any person shall be guilty of a Class B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 126:24)

DCN #'s ISSUED:	
DATE ISSUED:	